

# Request for Assistance Animal Accommodation

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## PART I: TO BE COMPLETED BY THE STUDENT

Student's Name \_\_\_\_\_  
LAST NAME, FIRST NAME MIDDLE NAME

Date of Birth \_\_\_\_\_ Cell number \_\_\_\_\_ Class Year \_\_\_\_\_

Time period requested for housing accommodation \_\_\_\_\_ to \_\_\_\_\_  
START END The medical provider completing this form cannot be a relative of the student  
last 12 months.

Proposed Assistance Animal \_\_\_\_\_ Name of animal \_\_\_\_\_  
Type/Breed of animal \_\_\_\_\_ Age of animal \_\_\_\_\_

Have you read the Guidelines for Animal Assistance? ([Animal Assistance Guidelines](#))

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## PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The student named above has applied to have an assistance animal

If you have any questions, please email [non-academic@scranton.edu](mailto:non-academic@scranton.edu)

1. Is this student currently under your care?    • Yes                      • No

1a. When did you last see/evaluate this student?

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**Please email the completed form to [non-academic-accom@scranton.edu](mailto:non-academic-accom@scranton.edu)  
or return it to the student so it can be uploaded to the Accommodate system.**